STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	01/24/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITIES PAVILION	1053 JOHN SIMS PARKWAY NICEVILLE, FL 32578

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced biennial re-licensure with extended congregate care (ECC) was conducted at Cities Pavilion assisted living from to . License number 5462. Deficient practice was found at the time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation of medications and staff interview the facility failed to remove expired medications from use for 2 of 10 random residents sampled (#6 and #7).
The findings are:
Employee A Med Tech was interviewed on at 9:00 am regarding storage of medications She stated, "We go through the medication carts routinely to check for expired medications. We complete counts at the end of every shift and we will check for expiration dates of the at the same time. "
The drawer was checked with Employee A on at 9:05 am . Resident #6 was found to have the medication 2.5 mg one tablet by mouth every day as needed for . There are 12 tablets remaining on the card. The expiration date for the medication is . Employee A confirmed the medication was expired. (Photographic evidence) Employee A could not find the last time Resident #6 had received the medication.
Resident #7 was found to have the medication , 10 mg one tablet by mouth once a day with an expiration date of . Employee A was asked if the medication was expired and she stated, "Yes I see it now. The date of expiration is ." She has 3 pills remaining. (Photographic evidence) The last date she received the medication was at 10 pm according to Employee A and confirmed on the Medication Observation Record (MOR). (Photographic evidence).
Class III

0075 - Use of Personnel; Emergency Care ( ) - 429.255(3-5) FS

Based on observation of (automated external defibrillator) pads and staff interview the facility failed to have a functioning defibrillator for 1 of 1 defibrillators.

The findings are:
The was found in front of the facility desk. An interview was conducted with Employee D on at 9:53 am. She stated the defibrillator is routinely checked to make sure it is working. She was shown the defibrillator pads which indicate that the pads should be used before . (Photographic Evidence) Employee D confirmed the defibrillator pads are expired.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**01/24/2017**
NAME OF PROVIDER OR SUPPLIER **CITIES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **1053 JOHN SIMS PARKWAY NICEVILLE, FL 32578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observations, interviews and record reviews, The facility failed to provide mandatory training within 30 days of hire for 1 of 3 (C) employees sampled for employee review.
The findings were;

On an employee record review was conducted. Employee C, a night shift resident aid, was hired on . Control, Elopement, Resident Rights, and training was not completed until , 98 days after hire. ADL (assistance with activities of daily living) training was completed on , 68 days after hire. An interview was conducted with the Administrator on at 12:30 PM. The Administrator verbally confirmed the training was documented as being completed on and .

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on observations, interviews and record reviews, the facility failed to provide (Human Deficiency) training within 30 days of hire for 1 of 3 (C) employees sampled for employee review.
The findings were;

On an employee record review was conducted. Employee C, a night shift resident aid, was hired on . The 1 hour training was conducted on , 98 days after hire. An interview was conducted with the Administrator on at 12:30 PM. The Administrator verbally confirmed the training was documented as being completed on .

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, interviews and record reviews, the facility failed to have a Registered Dietician, licensed nutritionist, or register dietary technician, conduct an annual review of the menus in use by the facility.
The findings were;

On a review of the facility menus was conducted as part of the Food Service review. The menu in use at the time of this survey had a print date of . An interview was conducted with the Kitchen Manager on at 2:20 PM. The Kitchen Manager stated she had been employed by the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	01/24/2017
NAME OF PROVIDER OR SUPPLIER **CITIES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **1053 JOHN SIMS PARKWAY** **NICEVILLE, FL 32578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

facility for 1 year and the menus had not been reviewed by an RD in that time frame.
An interview was conducted with the Administrator on around 11:00 AM. The Administrator stated the owner of the facility is the person responsible for ensuring the menus were reviewed per the regulations, however, she could not provide documentation to show the menus had been reviewed since the date of .

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation of employee roster, and staff interview the facility failed to have an updated employee roster including all staff of the facility for 3 of 3 new employees hired since (F, G,and H).
The findings are:
A current list of employees were requested on entry to the facility on . The Facility Director provided the current employee list. The list was compared to the current roster registered with the Agency for Health Care Administration (AHCA). Three employees were identified as not being on the roster. They were Employee F hired , Employee G hired and Employee H hired .

The Facility Director was interviewed on at 1:34 pm. She was asked about the process for putting employees on the AHCA employee roster with the state. She stated, "No, I have not done a roster. I did not know I needed to." She confirmed the facility roster was not up to date.
unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on staff interview the facility failed to have a Level II background screening completed for 1 of 1 contracted employees reviewed pursuant to chapter 435. (Contracted Registered Nurse E)

The Findings Are:
On at 2:35 pm the Facility Director was interviewed concerning the extended congregate care (ECC) provision for the facility. She was asked who provided nursing assessments for ECC residents. She stated they have a contract with a (RN) registered nurse (E).
She was asked to provide the level II background screening for the contracted employee. She checked for the level II screening and stated they did not have one. She then said she would call the RN and ask her to provide the documentation.
A follow-up interview was conducted on at 3:10 pm. She stated Employee E told her she did not have a Level II background screening. She then said she would make sure she obtains one.
unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	**01/24/2017**
NAME OF PROVIDER OR SUPPLIER **CITIES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **1053 JOHN SIMS PARKWAY** **NICEVILLE, FL 32578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)